

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027844

FILED VS AUG 3 1960

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 142

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Louis City			
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla			Length of stay in 1b 13 Hrs.		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4258 Shaw Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) TOD KENT BALLANCE				4. DATE OF DEATH Month July Day 25 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-24-60	9. AGE (last birthday) IF UNDER 1 YEAR Months 13 Days 13 Hours 13 Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Rolla, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME Virginia Ballance		14. NAME OF HUSBAND OR WIFE xxx		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. xx		17. INFORMANT Virginia Ballance Address 4258 Shaw St., St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Five months Gestation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) abrupted placenta DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 10:00 am Month, Day, Year 7/24/60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Rolla, MO	
21. I attended the deceased from 10:00 am 7/24/60 to 7/25/60 and last saw him alive on 7/25/60 Death occurred at 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.				22. DATE SIGNED 7/28/60			
22a. SIGNATURE Larry D. Burt MD		22b. ADDRESS Rolla, MO		22c. DATE SIGNED 7/28/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-26-60		23c. NAME OF CEMETERY OR CREMATORY Davis Cemetery		23d. LOCATION (City, town, or county) NW Rolla Missouri	
24. FUNERAL DIRECTOR Null & Son Funeral Home		ADDRESS Rolla		25. DATE RECD. BY LOCAL REG. July 26, 1960		26. REGISTRAR'S SIGNATURE Nadine L Stoll	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____ *Paul E. H...*

Licensed Embalmer No. 449

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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